

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

## **I. DISPUTE**

1. a. Whether there should be reimbursement of \$5,427.20 for dates of service commencing on 02/05/01 and extending through 02/27/01.
- b. The request was received on 02/05/02.

## **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. Initial TWCC 60
    1. HCFA(s)
    2. EOBs
  - b. Additional documentation requested on 05/28/02 and received on 06/03/02
    1. Position Statement
    2. Medical Records
  - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

2. Respondent, Exhibit II:

Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 06/04/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 06/10/02. The response from the insurance carrier was received in the Division on 06/24/02. Based on 133.307 (i) the insurance carrier's response is untimely so the Commission shall issue a decision based on the request.

3. Notice of Additional Information submitted by the Requestor is reflected as Exhibit III of the Commission's case file.

### III. PARTIES' POSITIONS

1. Requestor: Letter dated 05/30/02

“I am requesting a medical dispute review for dates of service 2/5/2001 through 2/27/2001 for a Work Hardening Program. The carrier has denied these dates of service as **N- Not Documented – Unreasonable/Unnecessary care**. I called the carrier for further explanation on the denial and the adjuster... told me that it was denied per a MMI by a DD on 10/9/00. I respectfully request that you review the enclosed bills for a resolution. The several attempts that I have made with the carrier to resolve this issue have been unsuccessful.”

2. Respondent:

Based on 133.307 (i) the insurance carrier's response is untimely so the Commission shall issue a decision based on the request.

### IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on 02/05/02 and extending through 02/27/02.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor's Table of Disputed Services, the Requestor billed the Carrier \$6,784.00 for services rendered on the dates above.
4. The Requestor has not used modifier “AP” to indicate accreditation by CARF; therefore, the hourly reimbursement for the program will be reduced by 20% below the maximum allowable reimbursement in accordance with the Medical Fee Guideline.
5. Per the Requestor's Table of Disputed Services, the Carrier paid the Requestor \$0.00 for services rendered on the dates above and denied reimbursement as “N Not Documented.”
6. Per the Requestor's Table of Disputed Services, the amount in dispute is \$5,427.00 for services rendered on the dates of service in dispute above.
7. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
02/05/01	97545 WH	\$128.00	\$0.00	N for all dates	\$51.20/hr Non-CARF	STG Rule 134.1001 (e) (2) (A) (L) (O) and (3) (B) (D); MFG MGR (II) (C) (E); CPT Descriptor	The Carrier paid the Requestor \$0.00 for services rendered on these dates and denied any reimbursement as "N Not Documented."
02/05/01	97546 WH	\$256.00	\$0.00				The MFG states "Work Hardening programs use real or simulated work activities in a relevant work environment in conjunction with physical conditioning tasks." The STG states "...work hardening program goals should be tailored to physical demands required by job specificity." and "...should show objective substantive and continued improvement over time that correlated to the job description the injured employee will most likely enter upon completion of the program." The HCP has failed to submit documentation of the claimant's job requirements prior to injury. Therefore, it is unclear how this work hardening program is "tailored to physical demands required by job specificity." as well as correlates "...to the job description the injured employee will most likely enter upon completion of the program." as required in the STG. There is no documentation of the amount of time the claimant participated in each activity and the Requestor did not submit the exit FCE to support objective and continued improvement throughout the program. Based on the above-enumerated reasons, <b>no</b> reimbursement is recommended.
02/06/01	97545 WH	\$128.00	\$0.00				
02/06/01	97546 WH	\$256.00	\$0.00				
02/07/01	97545 WH	\$128.00	\$0.00				
02/07/01	97546 WH	\$256.00	\$0.00				
02/08/01	97545 WH	\$128.00	\$0.00				
02/08/01	97546 WH	\$256.00	\$0.00				
02/09/01	97545 WH	\$128.00	\$0.00				
02/09/01	97546 WH	\$256.00	\$0.00				
02/12/01	97545 WH	\$128.00	\$0.00				
02/12/01	97546 WH	\$256.00	\$0.00				
02/13/01	97545 WH	\$128.00	\$0.00				
02/13/01	97546 WH	\$256.00	\$0.00				
02/14/01	97545 WH	\$128.00	\$0.00				
02/14/01	97546 WH	\$256.00	\$0.00				
02/15/01	97545 WH	\$128.00	\$0.00				
02/15/01	97546 WH	\$256.00	\$0.00				
02/16/01	97545 WH	\$128.00	\$0.00				
02/16/01	97546 WH	\$256.00	\$0.00				
02/19/01	97545 WH	\$128.00	\$0.00				
02/19/01	97546 WH	\$256.00	\$0.00				
02/20/01	97545 WH	\$128.00	\$0.00				
02/20/01	97546 WH	\$384.00	\$0.00				
02/21/01	97545 WH	\$128.00	\$0.00				
02/21/01	97546 WH	\$256.00	\$0.00				
02/22/01	97545 WH	\$128.00	\$0.00				
02/22/01	97546 WH	\$384.00	\$0.00				
02/23/01	97545 WH	\$128.00	\$0.00				
02/23/01	97546 WH	\$384.00	\$0.00				
02/26/01	97545 WH	\$128.00	\$0.00				
02/26/01	97546 WH	\$384.00	\$0.00				
02/27/01	97545 WH	\$128.00	\$0.00				
Totals		\$6784.00	\$0.00				The Requestor <b>is not</b> entitled to reimbursement.

The above Findings and Decision are hereby issued this 13<sup>th</sup> day of November 2002.

Denise Terry  
Medical Dispute Resolution Officer  
Medical Review Division

DT/dt